

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS		12/4
O.I.P.E. CLASSIFIER		43	12/8/98
FORMALITY REVIEW	005	59229	1/29/99

INDEX OF CLAIMS

.....	Rejected	N	Non-elected
.....	Allowed	I	Interference
(Through numeral) ..	Canceled	A	Appeal
.....	Restricted	O	Objected

Q. No.	Final	Q. No.	Final
1	100	1	100
2	100	2	100
3	100	3	100
4	100	4	100
5	100	5	100
6	100	6	100
7	100	7	100
8	100	8	100
9	100	9	100
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18	100	18	100
19	100	19	100
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26	100	26	100
27	100	27	100
28	100	28	100
29	100	29	100
30	100	30	100
31	100	31	100
32	100	32	100
33	100	33	100
34	100	34	100
35	100	35	100
36	100	36	100
37	100	37	100
38	100	38	100
39	100	39	100
40	100	40	100
41	100	41	100
42	100	42	100
43	100	43	100
44	100	44	100
45	100	45	100
46	100	46	100
47	100	47	100
48	100	48	100
49	100	49	100
50	100	50	100

Claim	Final	Original	Date
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Claim		Date					
Final	Original						
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**If more than 150 claims or 10 actions
staple additional sheet here**

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BEST AVAILABLE